

peculiar people; the blindest of the blind; people who do not want to see. This small group, through a persistent propaganda of mainly false charges, mislead a much larger number of poorly informed but otherwise fine, sane, kind, and excellent citizens. The latter usually change their allegiance when they learn the truth about animal experimentation. . . .

"A vote for the so-called Humane Pound Law is a vote of censure of your universities and medical schools. It is a vote to cripple, hamper and impose an impossible financial burden on medical education and medical research in California. It is a vote of lack of confidence in the medical profession of this state. A vote for this measure says: The leaders in medical education and medical research in the State of California cannot be trusted to treat unclaimed stray dogs and cats humanely. . . .

#### ILLINOIS DEMONSTRATION

"This is what happened in my own city and state a few years ago, when opponents of modern medicine tried to shackle medical research and medical teaching. When the same question was up in Illinois, we invited our fellow citizens (including our adversaries) to come to our medical laboratories to see for themselves whether our work was futile and cruel. They came; legislators, aldermen, men of the mart and women of the home and club, men in the store and men in the street. They saw for themselves and then voted overwhelmingly to give unclaimed stray dogs to reputable laboratories for medical teaching and research, for humane service toward human welfare. This was done by the citizens of Chicago and the State of Illinois. Will the citizens of California do less? Will they put restraining shackles on the noblest endeavors of man?"

The Southern California Committee of the California Society for Medical Research, which is heading the opposition to the proposed State Humane Pound Act, is composed of Robert A. Millikan (chairman), Dr. Remsen du Bois Bird, the Most Rev. John J. Cantwell, Dr. Charles K. Edmunds, Dr. Robert Freeman, Rabbi Edgar F. Magnin, Louis B. Mayer, Dr. Rufus B. von KleinSmid.—*Pasadena Star-News*, October 13.

### FEDERAL INVESTIGATION OF DISTRICT OF COLUMBIA MEDICAL SOCIETY CONTROVERSY

#### Jury Probe Ordered for Doctor Groups

Washington, October 4.—(AP)—Chief Justice Alfred A. Wheat of the Federal District Court here ordered today a special Federal Grand Jury investigation of anti-trust charges against the American Medical Association and the District of Columbia Medical Society.

Justice Wheat, granting a request of Government attorneys, called the special jury to meet on October 17.

The Justice Department, represented by United States Attorney David A. Pine, and Allen Hart, special assistant to Attorney-General Cummings, announced on July 31 it would charge the Medical Association and its local affiliate with illegally interfering with activities of Group Health Association, Inc. Group Health is a coöperative providing medical aid to low-income Government employees.

At a recent press conference Attorney-General Cummings emphasized his department did not charge the American Medical Association with monopolizing the practice of medicine, but that the Association may have conspired to restrain "trade" in violation of one section of the Sherman Anti-trust Act.

The Department charges the local medical society with threatening expulsion of any members who accept employment on the Group Health Association's staff and even of doctors who consult with physicians employed by the Association. It further charges the local society required

hospitals here to exclude Group Health staff doctors.—*San Francisco Chronicle*, October 5.

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#### United States Asks Jury to Indict Medical Association

Washington, October 17 (UP).—The Department of Justice will ask a special grand jury today to return criminal indictments against the American Medical Association and the District of Columbia Medical Society for alleged "coercive" action against a coöperative health movement.

The Government charges that medical societies violated the anti-trust statutes in opposing the Group Health Association, an organization of Government employees to furnish themselves and their families medical care.

The case is an unprecedented application of the anti-trust laws. Officials frankly admit that it is a test case which, if successful, may result in similar action in other cities.

Most of today will be devoted to selection of a jury. Actual presentation of the Government's case probably will begin tomorrow and continue two or three weeks.

The Government's case is a climax to a long fight between the Medical Association and Coöperative Health organizations.

Assistant Attorney-General Thurman Arnold has charged that doctors in the District of Columbia, through their organization, the District Medical Society, an affiliate of the American Medical Association, have hampered physicians associated with the Group Health Association.

They have been "coercive," he charged, by threatening to expel from the Society doctors employed by the coöperative and doctors who consult with its physicians.

A Justice Department investigation of the alleged practices was started several months ago. The Department said it believed such activities constituted violations of the anti-trust statutes because the medical organizations were "restraining trade."—*Los Angeles Herald-Express*, October 17.

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#### Government Still After the Doctors' Union

The monopoly crusade against the American Medical Association or its District of Columbia unit was so loudly proclaimed that it is an embarrassing issue for the Department of Justice to drop. The Attorney-General accordingly is moving forward against the Doctors' Trust.

This is fortunate, not because the harrying of the doctors is edifying, but because court decisions on the points involved can set precedents and settle controversial questions of far wider application than in the field of calomel and quinin.

The Government accuses the Society by its code of ethics, its control of members, and outlawry of nonconformists, of being a monopoly. But doctors are not in commerce. They sell personal service. Personal service is labor. If they are a monopoly it is because they operate under union by-laws and closed-shop rules.

It is to the public interest that the courts rule upon the issues put forward. Either the Department of Justice will be told to stop such hare-and-hounds exhibitions or there will be a clarifying of some highly controversial issues which particularly affect doctors only because a part of their job is the mending of broken heads in other arguments about union matters.—*San Francisco Chronicle*, September 26.

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#### Medical Inquiry Pressed by the United States

##### Grand Jury in Washington Calls Witnesses in Anti-Trust Investigation

Washington, October 18 (UP).—The Government called its first group of witnesses today before a special Grand Jury in an attempt to prove that the American Medical

Association and the District of Columbia Medical Society have violated anti-trust laws.

Behind locked doors the twenty-three-man jury will determine whether the Government's charge against the two medical organizations or any of their officers should be carried to Criminal Court for trial.

#### "RESTRAINT OF TRADE"

The Government alleges that organized medicine, in its attack on Group Health Association, a coöperative medical organization of Government employees, has acted "in restraint of trade" in violation of anti-trust laws.

Late yesterday the Government called as its first witness, Dr. Hugh Cabot, Mayo Clinic surgeon, who declared last July that medical practices in many sections of the country are "medieval." He repeated the statement to reporters before he entered the jury room.

His opinion, Doctor Cabot said, was based on personal investigation and many years of observation. He regards the problem of medical care for low and middle income families as one to be solved "by the community" and one which "cannot be remedied by the doctors themselves."

#### PATIENTS ARE CUSTOMERS

"In my opinion, the people whom doctors call patients are the same as customers and should have something to say about the price they pay for the services they receive," Doctor Cabot said.—*San Francisco News*, October 18.

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#### Doctors to Fight

When the Department of Justice announced its intention to obtain an indictment of the American Medical Association as a monopoly it cut out a pretty tough job. The people of the country have their own opinions about doctors, and no one is more respected and esteemed than the family doctor.

The present Administration has made a bad start in singling out doctors as "monopolists" because every family doctor is a business institution all by himself, no matter whether he belongs to a lodge of Masons, Elks, or a local medical society.—*Stockton Independent*, September 29.

#### FARM SECURITY ADMINISTRATION: MEDICAL AID PROGRAM FOR LOW-INCOME FARMERS

The Farm Security Administration announced recently that, with the coöperation of the state medical associations and other professional groups of North and South Dakota, it has worked out plans to provide emergency medical care for eligible low-income farm families of the two states at a cost of \$2 per month per family.

Dr. W. W. Alexander, Administrator, said the medical aid plans for North and South Dakota were based upon the experience of the FSA with similar plans in these and sixteen other states. Already, he said, 58,000 low-income farm families are being helped to obtain medical care at a cost they can afford through the coöperation of state medical associations in those states.

The state-wide programs in North and South Dakota, which should increase this total to more than 80,000 families, are scheduled to go into operation on November 1, Doctor Alexander said. They have been approved by Dr. R. C. Williams, Medical Director of the FSA, and the state medical, dental, pharmaceutical, nursing and hospital associations of the two states.

About 37,000 families in North Dakota and 40,000 in South Dakota, or about half the farm families of each state, will be eligible to participate, Doctor Alexander announced. He said the plan would be open to all families who are now being, or have been, aided by the Farm Security Administration.

The Administrator said the FSA would loan to each family signing up for the medical aid program \$16, or the equivalent of \$2 per month for the rest of this year. This money will be placed in the hands of special corporations in each state composed of federal and state officials and members of the state medical associations.

The fund will be allocated by each corporation on a prearranged basis between physicians, dentists, hospitals, pharmacists, and nurses. It also will be divided into equal sums for the eight months covered by the program.

Families signing up for the program will then be eligible for emergency medical, dental, or hospital care from any members of the professional organizations. Bills for the services will be paid by the state corporations set up under the plan, and if the funds available for a given month are not sufficient to cover the bills they will be prorated.

In each state an officer nominated by the professional organizations, but paid by the state health departments, will serve as general medical supervisor and arbitrator. One of his duties will be to check the bills submitted by the professional practitioners to prevent excessive and unnecessary charges.

The South Dakota plan will not become operative, Doctor Alexander said, until 20,000 families sign up for the service. Already 25,000 families in North Dakota are participating in a program which is being superseded by the new plan.

Doctor Alexander explained that the Farm Security Administration had embarked upon medical-aid programs in the Dakotas and sixteen other states because it had found medical attention was required in its efforts to rehabilitate low-income farm families and make them self-supporting.

"Quite aside from any humanitarian purpose," he said, "the Farm Security Administration has found, as a lending agency, that a family in good health is a better credit risk than a family in bad health. It has developed plans for medical care because it has found that good health is a necessary part of a family's rehabilitation."

Plans developed by the FSA in other states to provide medical care for its borrowers are similar but on a smaller scale than those provided in North and South Dakota, Doctor Alexander said. In all cases they have been worked out only after understandings have been reached with state and local medical associations.

In some cases, the funds in the hands of trustees are kept separate for each family. Doctor Alexander said, however, that experience with the two plans clearly indicates that for low-income families the program being applied in the Dakotas is preferable. In case of catastrophic illness it is impossible for any family in this income level to pay individually for hospitalization and special medical care without financial ruin; yet it is unfair to ask a physician to handle such cases on the nominal fees available.

The pooling of funds, he added, serves as a form of voluntary insurance against disaster for the patient and against unreasonable hardship for the doctor.

The medical aid plans, Doctor Alexander said, have encouraged a sane acceptance of more effort in the way of preventive medicine. In many areas, local physicians have served the families with little or no compensation and families have postponed requests for medical aid, while ailments grew more serious because of unpaid debts.

In general, Doctor Alexander said, physicians are pleased with the program. Most of the families aided have in the past been unable to pay anything, but are now able to pay at least a part, if not the full amount, due.

Doctor Alexander said county-wide plans are now in operation in 56 of Arkansas' 75 counties; in 13 counties in Missouri; 12 counties in Mississippi; 9 in Texas; 5 in Alabama, Georgia, and Ohio; 4 in Tennessee; 3 in Indiana and Oklahoma; and 2 in Iowa. Agreements have been reached with state medical associations in North Carolina,